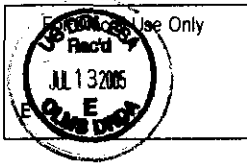


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2936</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Leon M. Holdenfield</u> P.O. Box, Bldg., Room No., if any <u>Suite 201</u> Street <u>3302 McGinnis Rd</u> City <u>Sumner</u> State <u>GA</u> ZIP Code + 4 <u>300297148</u>	4. Name, file number, and address of labor organization. Name <u><del>Local 1996</del> UFCW 1996</u> Labor Organization File Number <u>540249</u> P.O. Box, Building and Room Number, if any <u>Suite 201</u> Street <u>3302 McGinnis Ferry Rd</u> City <u>Sumner</u> State <u>GA</u> ZIP Code + 4 <u>300297148</u>
5. Position in labor organization. <u>Sec / Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Leon Holdenfield</u>	On <u>7-6-05</u> Date	<u>678-714-3500</u> Telephone Number

Name of Person Filing <u>Leon M. Holderfield</u>	File Number U- <u>2934</u>
--------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Serviced Real Estate  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 2990 Bethesda Plaza, Suite 605  
City Winston-Salem, NC  
State NC ZIP Code + 4 27103

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

11.a. Nature of such dealing.

Vender to the Trust Fund  
Our Members Have  
Pension Benefits

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

GOLF + Lunch

12.b. Amount.

85.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

--

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

--

Name of Person Filing <b>LEON M. Holder Field</b>	File Number U- <b>2936</b>
---------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>DENNIS G. JENKINS CPA.</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>1301 SHILOH RD.</b></p> <p>Street <b>Building 1209 Suite 1250</b></p> <p>City <b>KENNESAW,</b></p> <p>State <b>GA.</b> ZIP Code + 4 <b>30144</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><b>Provide Audit Services &amp; Accounting</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>17,000</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><b>1 Christmas Gift</b></p>
	<p>12.b. Amount. <b>50.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>Leon M. Holderfield</u>	File Number U- <u>2936</u>
--------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Blue Cross + Blue Shield GA</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>3350 Peachtree Rd., NE.</u></p> <p>City <u>Atlanta</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>30326</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UPCW A+W - Atlanta</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1800 Phoenix Blvd</u></p> <p>City <u>Atlanta</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>30349</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provide H&amp;W for</u> <u>our Membership</u> <u>PPO network</u></p> <p>11.b. Approximate dollar value of such dealing. <u>3.7 Mil</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Golf + Lunch</u></p> <p>12.b. Amount. <u>242.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>LEON M. Holdenfield</u>	File Number U- <u>2936</u>
--------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW UNIONS & EMPLOYERS TRUST  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 1800 PHOENIX BOULEVARD SUITE 310  
City ATLANTA, GA  
State GA ZIP Code + 4 30349-5557

11.a. Nature of such dealing.

Provide H+U for Membership

11.b. Approximate dollar value of such dealing.

43.5 Mil

12.a. Nature of interest held or income received.

FOR Multiple Meetings  
IN 04  
Reimburse for Meetings

12.b. Amount.

50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

--

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

--

Name of Person Filing	Leon M. Holdenfield	File Number U-	2936
-----------------------	---------------------	----------------	------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BRENNAN + ASSOC.  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street 6045 ATLANTIC BLVD  
City NORCROSS  
State GA ZIP Code + 4 30071

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW 149W- ATLANTA  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street 1800 PHOENIX BLVD  
City ATLANTA  
State GA ZIP Code + 4 30349

11.a. Nature of such dealing.

TRUST FUND CONSULTANT

11.b. Approximate dollar value of such dealing.

7600

12.a. Nature of interest held or income received.

GOLF OUTINGS

12.b. Amount.

67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Leon M. Holdenfield</u>	File Number U- <u>2936</u>
--------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SLEVIN + HART, PC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1625 MASS AVE NW</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20036</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW H+W - ATLANTA</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1800 Phoenix Blvd</u></p> <p>City <u>Atlanta</u></p> <p>State <u>GA.</u> ZIP Code + 4 <u>30349</u></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><u>FUND ATTORNEY</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>5400</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><u>GOLF OUTINGS</u></p> <hr/> <p>12.b. Amount. <u>62</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing	Leon M. Holdenfield	File Number U-	2936
-----------------------	---------------------	----------------	------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PARKER, HUDSON RAINIER & DUBBS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 285 PEACHTREE CENTER, NE

City ATLANTA

State GA

ZIP Code + 4 30303

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW NAW - ATLANTA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1800 PHOENIX BLVD

City ATLANTA

State GA

ZIP Code + 4 30345

11.a. Nature of such dealing.

FUND ATTORNEY

11.b. Approximate dollar value of such dealing.

7,300

12.a. Nature of interest held or income received.

GOLF OUTINGS

12.b. Amount.

67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.



Name of Person Filing <u>Leon M. Holdenfield</u>	File Number U- <u>2936</u>
--------------------------------------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DENNIS G. JENKINS CPA  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 1301 SHILOH RD. STE 1250  
City KENNESAW  
State GA ZIP Code + 4 30144

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW HW - ATLANTA  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street 1800 PHOENIX BLVD.  
City ATLANTA  
State GA ZIP Code + 4 30349

11.a. Nature of such dealing.

AUDITOR

11.b. Approximate dollar value of such dealing.

31,000

12.a. Nature of interest held or income received.

GOLF OUTINGS

12.b. Amount.

24

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.